

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/553706
APPLICANT(S)	
FILING DATE	

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		80				
4						
5		1				
6		1				
7	/					
8		1				
9		20				
10		60				
11		60				
12						
13	/					
14		10				
15		10				
16		10				
17		1				
18		1				
19	/					
20	/					
21		1				
22		20				
23	/	2				
24		1				
25		20				
26		20				
27		10				
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48						
49						
50						
TOTAL IND.	6		↓	↓	↓	
TOTAL DEP.	97	←	←	←		
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						